## **2008** Iowa Individual Income Tax Long Form IA 1040 or fiscal year beginning \_/\_ 2008 and ending \_/\_/\_

## STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last nam	ne	•	Your first name/middle initial	-							
Spouse's last name Spouse's first name/middle initial						Check this box if you or your spouse were 65 or older as of 12/31/08.					
Current maili	ing ad	dress (number and stre	eet, apartment, lot or suite number) or	Your Social S	ecurity Number •	• Spouse Social Security Number •					
City, State, Z	ΖIP			name, if app address the	me, your spouse's licable, and your same as on last	Residence on 12/31/08 County No. SchoolDistrict No.					
STEP 2 F	iling	Status: Mark or	ne box only.			? YES NO	1				
1 Single	: Wer	e you claimed as a de	ependent on another person's lowa re	NO A	Dependent children for whom an exemption is claimed in Step 3						
2 Married filing a joint return. (Two-income families may benefit by using status 3 or 4					How mai	How many have health care coverage?					
	d filin	g separately on this c	ombined return. Spouse use column	В.	How mai	How many do not have health care coverage? ●					
4 Marrie	d filin	g separate returns. Sp	pouse's name:		SSN:	Income: \$					
5 Head	of hou	usehold with qualifying	g person. If qualifying person is not cl	aimed as a depende	ent on this return, enter th	ne person's name and	Social Security Nu	ımber below.			
6 Qualify	ying w	vidow(er) with depend	ent child. Name:		SSN:						
STEP 3  Exemptions  a. Personal Credit: Enter 1 (Enter 2 if filling joint or head b. Enter 1 for each person who is 65 or older and/or 1 for each c. Dependents: Enter 1 for each dependent					l for each person who is	th person who is <b>blind</b> ▲					
			a. Personal Credit: Enter 1					= \$			
		SPUUSE	<ul><li>b. Enter 1 if 65 or older and/or 1 if</li><li>c. Dependents: Enter 1 for each</li></ul>					= \$			
		-4-4 (1)	d. Enter first names of dependent				e. TOTAL \$	= Φ			
			a. a.m. mot mamos of dependent		use/Status 3 A. Y	ou or Joint B. Spe	ouse/Status 3	A. You or Joint			
STEP 4	1. \	Wages, salaries, tips,	etc	1	00	.00					
			ne. If more than \$1,500, complete Sc			.00					
Figure			me. If more than \$1,500, complete Sch			.00					
your		Alimony received				.00					
gross income		Business income/(loss) from federal Schedule C or C-EZ 5. $\_$				.00					
			m federal Sch. D if required for federal pr			.00					
			rom federal form 4797			.00					
			ons			.00					
			l annuities			.00					
		-	nerships, estates, etc			.00					
			om federal Schedule F ensation			.00					
			ity benefits								
			ng income, bonus depreciation adjus			.00					
<b>↓</b> .		=	DD lines 1-14				.00 🛦	.00.			
			KEOGH or SEP			.00		00			
ē			byment tax			.00					
ទ្ធFigure			uction			.00					
°your			drawal of savings			.00					
≝adjust- ≝ments			g			.00					
e to			come exclusion								
eto Sincome	22.		uction from federal form 3903			.00					
s,	23.		duction								
→Staple W-2s,											
el d			DD lines 16-24				.00 🛦	.00			
Sta		•	FRACT line 25 from line 15					.00			
								00			
Figure your federal			efund / overpayment received in 2008								
			sehold employment taxes				00	00			
		Addition for federal taxes. ADD lines 27 and 28						.00.			
		Federal tax withheld					00	00			
tax addition											
and			payments made in 2008								
deduc-			paid in 2008 for 2007 and prior years								
tion			taxes. ADD lines 31, 32, and 33					.00			
	35.	BALANCE. SUBTRA	CT line 34 from line 30. Enter here a	na on Iine 36, side 2		35	00	.00			

2008	<i>5 1.</i>	A 1040, page 2	B. Spouse	e/Status 3	A. You or Joint	E	3. Spouse/Status 3	A. You or Joint		
STEP 7	36.	BALANCE. From side 1, line 35.						.00	00	
		37. Total itemized deductions from federal Schedule A			00		.00			
Figure		Taxpayers with bonus depreciation must use lowa Schedule			00		Comp	lete lines 37-40		
your taxable		<ul><li>38. Iowa income tax if included in line 5 of federal Schedule A</li><li>39. BALANCE. Subtract line 38 from line 37 or enter the</li></ul>						if you itemize.		
income		amount of itemized deductions from the Iowa Schedule A	39	·'			.00			
		40. Other deductions.	40		00		.00			
	41.	Deduction. Check one box.	☐ Standa	ard		41.		.00 🛦	.00	
	42.	TAXABLE INCOME. SUBTRACT line 41 from line 36				42.		.00	.00	
STEP 8	43.	Tax from tables or alternate tax	43		00 🛦		.00			
Figure your tax, credits	44.	lowa lump-sum tax. 25% of federal tax from form 4972	44		00 🛦		.00			
	45.	Iowa minimum tax. Attach IA 6251	45		00 🛦		.00			
	46.	Total tax. ADD lines 43, 44 and 45.				46.		.00	.00	
	47.	Total exemption credit amount(s) from Step 3, side 1	47		00		.00			
and checkoff	48.	Tuition and textbook credit for dependents K-12.	48		00 🛦		.00			
contribu-	49.	Total credits. ADD lines 47 and 48				49.		.00	00	
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter	er zero			50.		.00 🛦	.00	
	51.	Credit for nonresident or part-year resident. Attach IA 126 and fed	leral return.			51.		.00 🛦	00	
	52.	BALANCE. SUBTRACT line 51 from 50. If less than or equal to ze	ero, enter ze	ero		52.		.00	00	
	53.	Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Sche	edule			53.		.00 🛦	.00	
	54.	BALANCE. SUBTRACT line 53 from line 52				54.		.00	00	
	55.	School district surtax/EMS surtax. (take percentage from table, mu	ultiply by line	e 54)		55.		.00 🛦	.00	
	56.	Total Tax. ADD lines 54 and 55.				56.		.00 🛦	.00	
	57.	Total tax before contributions. ADD Columns A & B on line 56 and	d enter here.					. 57.	.00	
	58.	Contributions. Contributions will reduce your refund or add to the am	nount you ow	e. Amounts m	nust be in whole doll	ars.				
		Fish/Wildlife 58a: ▲ StateFair 58b: ▲ Firefighters/Veterans	s 58c: ▲	Child Abuse	Prevention 58d: 🛦		Enter total	. 58.	00	
	59.	TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58						. 59.	00	
	60.	lowa income tax withheld.	60		00 🛦		.00			
STEP 9		Estimate and voucher payments made for tax year 2008								
Figure your	62.	Out-of-state tax credit. Attach IA 130.	62		00 🛦		.00			
	63.	Motor fuel tax credit. Attach IA 4136.	63		00 🛦		.00			
credits	64.	Check One: Child and dependent care credit <b>OR</b>								
		Early childhood development credit								
		lowa earned income credit: 7.0% (.07) of federal credit								
		Other refundable credits. Attach IA 148 Tax Credits Schedule								
		TOTAL CREDITS ADD solvers A and B or line 67 and order ha						60	00	
STED 10		TOTAL CREDITS. ADD columns A and B on line 67 and enter he If line 68 is more than line 59, SUBTRACT line 59 from line 68. The								
SIEF IC		Amount of line 69 to be <b>REFUNDED</b>								
Figure	70.	Mail return to lowa Income Tax - Refund Processing, Hoover		RLI OND	70. 🛋	00				
your	71.	Amount of line 69 to be applied to your 2009 estimated tax	71		00 🛦		.00			
refund or	72.	If line 68 is less than line 59, SUBTRACT line 68 from line 59. Thi	is is the AMO	OUNT OF TA	X YOU OWE			. 72. 🛦	.00	
amount	73.	Penalty for underpayment of estimated tax. From IA 2210 or IA 22	210F. C	heck if annual	lized income metho	od is u	sed	.73. 🛦	.00	
you owe		Penalty and interest								
		TOTAL AMOUNT DUE. ADD lines 72, 73 and 74, and enter here.								
	70.	Electronically pay by credit card or direct debit. Go to www.st	state.ia.us/tax.							
		To pay by mail: lowa Income Tax - Document Processing, PO	·			$\overline{}$		reasurer, State of low	a.	
STEP 11			STEP 12 NEXT YEAR			- 1	STEP 13 COW-CALF REFU	ND Attach IA 122		
		SPOUSE YOURSELF	Would you like to receive a booklet? This				Do NOT use these amounts to increase your			
\$1.50 to Republican Party \$1.50 to Democratic Party			option is not available to electronic filers.				overpayment (line 69) or reduce the amount owe (line 72).			
				0.	<b>_</b>		Spouse: \$	.00		
		mpaign Fund \$1.50 to Campaign Fund					You: \$	.00	<u> </u>	
PLEA	SE	I (We), the undersigned, declare under penalty of per and statements, and, to the best of my (our) knowled (other than taxpayer) is based on all information of w	dge and be	elief, it is a	true, correct, an	d coi		, , ,		
SIGN HERE		Your Signature	Date	Preparer's Si	gnature				Date	
Verify your			Date	Address						
Security Number(s)		" Daytime Telephone Number		Daytime Telo	phone Number			Identification N	Jumber	
Recheck you     Attach all W		ath   '	ling Add	•	See lines 70 a	and	75 above.	41-001b		